## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF OWENSVILLE LLC  (K4) ID PREFIX ID SUMMARY STATEMENT OF DEPICIENCIES (EACH OERICENCY MUST SE PRECEDED BY FULL TAGS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure, and Quality Assurance Walk-rhu Survey conducted on 08/07/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 10/02/12  Facility Number: 000328  Provider Number: 155502  AlM Number: 100287960  Surveyor: Lex Brashear, Life Safety Code Specialist  At this PSR survey, Transcendent Healthcare of Owensylle, LLC was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 430.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (000) construction and was fully sprinkered. The facility has a capacity of 68 and had a census of 59 at the time of this survey.  The facility was found in compliance with state	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	ULTIPLE LDING IG	O1, 02	(X3) DATE S COMPLE	R
TRANSCENDENT HEALTHCARE OF OWENSYILLE LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG  (K 000) INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure, and Quality Assurance Walk-thru Survey conducted on 0807/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 10/02/12  Facility Number: 000328  Provider Number: 105502  AlM Number: 100287960  Surveyor: Lex Brashear, Life Safety Code Specialist  At this PSR survey, Transcendent Healthcare of Owensville, LLC was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 8400 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a capacity of 88 and had a census of 59 at the time of this survey.  The facility was found in compliance with state		155502			· —		10	02/2012
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  (K 000)  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure, and Quality Assurance Walk-thru Survey conducted on 08/07/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 10/02/12  Facility Number: 000328 Provider Number: 155502 AlM Number: 100287960  Surveyor: Lex Brashear, Life Safety Code Specialist  At this PSR survey, Transcendent Healthcare of Owensville, LLC was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire; the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detection in all resident sleeping rooms. The facility has a capacity of 68 and had a census of 59 at the time of this survey.  The facility was found in compliance with state				HWY 165 W PO BOX 369				
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law in regard to enrighter coverage and emoke		census of 59 at the ti	ime of this survey. d in compliance with state					
law in regard to sprinkler coverage and smoke  _ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE	APODATORY	-		<u> </u>		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION 01,02	(X3) DATE SURVEY COMPLETED		
	155502		B. WING			R		
NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF OWENSVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 165 W PO BOX 369 OWENSVILLE, IN 47665			10/02/2012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
{K 000}	REGULATORY OR LSC IDENTIFYING INFORMATION)		{K 000}		DEFIGIENCY)			
	Specialist  At this PSR survey, T Owensville, LLC was Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire, (National Fire Protect (Life Safety Code) and Physical Therapy add Chapter 18, New Heat This 2011 addition to	ranscendent Healthcare of found in compliance with ticipation in 2 CFR Subpart 483.70(a), the 2000 edition of NFPA ion Association) 101, LSC d 410 IAC 16.2. The 2011 dition was surveyed with alth Care Occupancies.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155502				(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		155502	B. WING			R 10/02/2012		
NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF OWENSVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 165 W PO BOX 369 OWENSVILLE, IN 47665					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
{K 000}	was fully sprinklered. addition has a fire ala detection in the corricarea. The facility has census of 59 at the ti The facility was found law in regard to sprindetector coverage.  All areas where resid	The Physical Therapy arm system with smoke dor and Physical Therapy is a capacity of 68 and had a me of this survey.  If in compliance with state kler coverage and smoke ents have customary access all areas providing facility	{K (	000}				